



Rhode Island Department of Elementary & Secondary Education  
**Model Form to Assist Parents/Guardians or Public Agencies in Requesting  
 A Special Education Impartial Due Process Hearing**

(Revised 2/2024)

This form assists you in providing the information needed for requesting a special education impartial due process hearing on a matter related to the identification, evaluation, educational placement/services, or provision of a free, appropriate public education of a child with a disability under the Individuals with Disabilities Education Act (IDEA). The use of this form is not required to file a due process complaint. However, when not using this form, your hearing request must contain all required elements. Required elements are denoted by (\*).

For information regarding dispute resolution options visit the Department’s website at:  
<http://www.ride.ri.gov/StudentsFamilies/SpecialEducation/WhenSchoolsandFamiliesDoNotAgree.aspx>

Assistance with this form is available from the Office of Student, Community and Academic Supports Call Center at (401) 222-8999.

**Child’s Information**

*Child’s Name:	Date of Birth:	
*Address where the child lives: Street	City	State, Zip
*School that the child attends:	Grade Level that the child attends:	
City/Town where the school is located:		
*In the case of a homeless child or youth (within the meaning of the McKinney-Vento Homeless Assistance Act (42 USC 11434a(2)), available contact information for the child instead of the address, and the name of the school the child is attending.		

**Parent/Guardian Information**

Parent(s) or Guardian(s) Name(s):	Parent(s) Phone/Contact Number(s):
Mailing Address (if different than child’s): (Street, City, State, Zip)	Language used for printed material:
	Language preferred for spoken conversation:



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Allegation(s)	<p>*Please state the nature of the problem of the child, relating to the proposed or refused initiation or change of the child's identification, evaluation, educational placements or provision of free, appropriate public education:</p>
Facts	<p>*Please describe the facts related to the problem:</p>



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Proposed Resolution	*To the extent known, what would resolve the problem?
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ATTORNEYS OF RECORD, IF KNOWN:

For the Parent(s):

For the public agency:

PARTY FILING DUE PROCESS COMPLAINT:

NAME (Print): \_\_\_\_\_ TELEPHONE/CELL/FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street
City/Town
State Zip Code

**VERIFICATION** THAT A COPY OF THIS DUE PROCESS COMPLAINT/HEARING REQUEST IS BEING FORWARDED TO THE OTHER PARTY TO THIS COMPLAINT (PARENT OR SCHOOL SUPERINTENDENT) (Circle one)    Yes    No

SIGNATURE:

DATE:

Please submit this completed form, or all information contained within, to: Dispute Resolution, Suite 500, Office of Student, Community and Academic Supports, RI Dept. of Education, 255 Westminster Street, Providence, RI 02903.